Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number : (850)617-	6381		EA St.	JAN I	
From:	Account Name : C T CORPO Account Number : FCA000000	RATION SYSTE	м		7 PH	
	Phone : (614)280- Fax Number : (954)208-			;-;; ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	ယ္	
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Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	TSI – Peacock, Port St. Luci			
Gr. Ba GC	Nan	ne of Limited Liab	nility Company	
The enclo	sed Articles of Organization and	fee(s) are submitt	ed for filling.	
Please ret	urn all correspondence concernin	g this matter to th	e following:	
	Helen Lin			
		Name	of Person	
	Becker, Glynn, Muffly, Chassi	in & Hosinski LL	P	
		Firm/	Company	
	299 Park Avenue, 16th Floor			
		Ad	dress	***************************************
	New York, New York 10171			
	hlin@beckerglynn.com	City/State	and Zip Code	
	E-mail address: (to	be used for future	annual report notificat	ion)
For further	information concerning this matte	r, please call:		
	Helen Lin	212 at (888-3033	
	Name of Person	Area Code	Daytime Telephor	w Number
Enclosed i	s a check for the following amou	nt:		
]\$ 125.00 F	iling Fee \$130.00 Filing F	atus L_lCenti	6.00 Filing Fee & [ified Copy onal copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Street Address New Filing Section Division of Corporat Clifton Building 2661 Executive Cent	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must conti	St. Lucie, LLC ain the words "Limited L	Liability Compa	ny, "L.L.C.," or	'LLC.")			
ARTICLE II - Address: The mailing address and street ad	idress of the principal of	Tice of the Limi	ted Liability Cor	npany is:			
Principa	al Office Address:		M	ailing Address:			
1001 U.S. North Hig	hway I	.3	99 Executive Bo	uleyard			
Suite 201			Imsford, New Y				
Jupiter, FL 33-177	······································	<u>c</u>	o Town Sports	International, LLC			
(The Limited Liability Company another husiness entity with an a The name and the Florida street a	ctive Florida registration	agent are: em Name		ignine ist more con-	ALL ABOVED TO	18 JAN 17 PH	FLAD
	Plantation.	Closida	212	24	Ş.,	ુ: 2	
	City	State	333 Zip	<u> </u>	1	55	
Having been named as registered a	I hereby accept the appo- ovisions of all statutes rel	intment as regis kuing to the pro	tered agent and a per and complete	igree to act in this	capacity. I y duties, ar	,	

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2				
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Title:	Name and Address:
"AMBR" # Authorized Member	
"MGR" = Manager	Palm Beach Sports Club, LLC
AMBR	1001 U.S. North Highway 1, Suite 201.
	house Et 32477
	Jupiter, FL 33477
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
LE V: Effective date, if other than the date of filin fective date is listed, the date most be specific a of fling.)	g:
LE V: Effective date, if other than the date of filin fective date is listed, the date most be specific a of fling.) I the date inserted in this block does not meet the	nd cannot be more than five business days prior to be 9 applicable statutory filing requirements, this date will be
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EV: Effective date, if other than the date of filing fective date is listed, the date must be specific a of filing.) If the date inserted in this block does not meet the iment's effective date on the Department of State EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in a 1 am aware that any false inform	nd cannot be more than five business days prior to be 9 applicable statutory filing requirements, this date will be s's records.
REOURED SIGNATURE: Signature of a nember of a lam aware that any false informations and a lam aware that any false informations and a lam aware that any false informations at hird degree felony constitutes a third degree felony.	and cannot be more than five business days prior to be 9 applicable statutory filing requirements, this date will be a rewords. So an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes nation submitted in a document to the Department of State

Filing Fres:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$5.00 Certificate of Status (Optional)